

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A
PAYMENT ISSUE DATE: 10/25/2013

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.03911791 |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 1,185,581.52 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 1,185,581.52 |
| YTD Amount: | \$ | 2,194,252.09 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A
PAYMENT ISSUE DATE: 10/25/2013

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00010612 |

| | | |
|---|-----------|-----------------|
| Gross Claim | \$ | 3,216.27 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 3,216.27 |
| YTD Amount: | \$ | 5,952.62 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A
PAYMENT ISSUE DATE: 10/25/2013

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00132859 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 40,266.77 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 40,266.77 |
| YTD Amount: | \$ | 74,525.24 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

BUTTE COUNTY TREASURER

25 COUNTY CENTER DR

OROVILLE CA

95965

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00893807 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 270,894.09 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 270,894.09 |
| YTD Amount: | \$ | 501,365.71 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00136297 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 41,308.75 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 41,308.75 |
| YTD Amount: | \$ | 76,453.46 |

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00106887 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 32,395.20 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 32,395.20 |
| YTD Amount: | \$ | 59,956.43 |

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ CA

94553

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.02011996 |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 609,793.64 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 609,793.64 |
| YTD Amount: | \$ | 1,128,594.66 |

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REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 10/25/2013

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00127154 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 38,537.70 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 38,537.70 |
| YTD Amount: | \$ | 71,324.85 |

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PAYMENT ISSUE DATE: 10/25/2013

EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA

95667

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00494732 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 149,942.86 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 149,942.86 |
| YTD Amount: | \$ | 277,511.44 |

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PAYMENT ISSUE DATE: 10/25/2013

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.02544470 |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 771,175.30 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 771,175.30 |
| YTD Amount: | \$ | 1,427,276.81 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00122313 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 37,070.50 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 37,070.50 |
| YTD Amount: | \$ | 68,609.38 |

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 10/25/2013

HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

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Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00862799 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 261,496.22 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 261,496.22 |
| YTD Amount: | \$ | 483,972.31 |

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IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

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Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00880356 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 266,817.37 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 266,817.37 |
| YTD Amount: | \$ | 493,820.60 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 10/25/2013

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA

93526

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00165903 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 50,281.71 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 50,281.71 |
| YTD Amount: | \$ | 93,060.45 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.01721220 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 521,665.55 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 521,665.55 |
| YTD Amount: | \$ | 965,488.58 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812 1406

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00445852 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 135,128.36 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 135,128.36 |
| YTD Amount: | \$ | 250,093.04 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

LAKE COUNTY TREASURER

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00199460 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 60,452.13 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 60,452.13 |
| YTD Amount: | \$ | 111,883.67 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00134019 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 40,618.34 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 40,618.34 |
| YTD Amount: | \$ | 75,175.66 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.31055685 |

| | | |
|---|-----------|----------------------|
| Gross Claim | \$ | 9,412,324.43 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 9,412,324.43 |
| YTD Amount: | \$ | 17,420,153.39 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00444444 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 134,701.62 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 134,701.62 |
| YTD Amount: | \$ | 249,303.24 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00978122 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 296,448.19 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 296,448.19 |
| YTD Amount: | \$ | 548,660.76 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA

95338

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00071281 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 21,603.77 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 21,603.77 |
| YTD Amount: | \$ | 39,983.85 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

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Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00285164 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 86,427.21 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 86,427.21 |
| YTD Amount: | \$ | 159,957.86 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00629714 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 190,853.06 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 190,853.06 |
| YTD Amount: | \$ | 353,227.27 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00079120 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 23,979.61 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 23,979.61 |
| YTD Amount: | \$ | 44,381.27 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA

93517

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00114139 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 34,593.13 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 34,593.13 |
| YTD Amount: | \$ | 64,024.32 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00812079 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 246,124.05 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 246,124.05 |
| YTD Amount: | \$ | 455,521.79 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

NAPA COUNTY TREASURER

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00419177 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 127,043.73 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 127,043.73 |
| YTD Amount: | \$ | 235,130.15 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA

95959

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00269975 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 81,823.74 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 81,823.74 |
| YTD Amount: | \$ | 151,437.85 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.06443975 |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 1,953,033.19 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 1,953,033.19 |
| YTD Amount: | \$ | 3,614,637.28 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

PLACER COUNTY TREASURER

2976 RICHARDSON DRIVE

AUBURN CA

95603

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00380642 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 115,364.58 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 115,364.58 |
| YTD Amount: | \$ | 213,514.60 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00113417 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 34,374.31 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 34,374.31 |
| YTD Amount: | \$ | 63,619.33 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.03289206 |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 996,889.11 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 996,889.11 |
| YTD Amount: | \$ | 1,845,023.71 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.03445504 |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 1,044,259.74 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 1,044,259.74 |
| YTD Amount: | \$ | 1,932,696.38 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00159151 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 48,235.32 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 48,235.32 |
| YTD Amount: | \$ | 89,273.03 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.03996868 |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 1,211,366.56 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 1,211,366.56 |
| YTD Amount: | \$ | 2,241,974.56 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO

95798 0304

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.07799922 |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 2,363,992.19 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 2,363,992.19 |
| YTD Amount: | \$ | 4,375,232.50 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.05924516 |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 1,795,596.10 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 1,795,596.10 |
| YTD Amount: | \$ | 3,323,255.66 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.01529154 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 463,454.39 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 463,454.39 |
| YTD Amount: | \$ | 857,752.71 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO CA

93406

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00459189 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 139,170.52 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 139,170.52 |
| YTD Amount: | \$ | 257,574.19 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA

95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.01397274 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 423,484.34 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 423,484.34 |
| YTD Amount: | \$ | 783,776.89 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA CA

93102

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00838718 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 254,197.77 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 254,197.77 |
| YTD Amount: | \$ | 470,464.48 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.03392573 |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 1,028,217.47 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 1,028,217.47 |
| YTD Amount: | \$ | 1,903,005.65 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ CA

95061

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00556854 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 168,770.73 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 168,770.73 |
| YTD Amount: | \$ | 312,357.96 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812 1859

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00771515 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 233,829.96 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 233,829.96 |
| YTD Amount: | \$ | 432,768.11 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA

95936 0376

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00026776 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 8,115.24 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 8,115.24 |
| YTD Amount: | \$ | 15,019.54 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

Total amount collected: \$256,304,680.58 **Percentage of collection:** 0.11824948

Gross monthly apportionment: \$30,307,895.20 **County/City Ratio:** 0.00208334

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 63,141.65 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 63,141.65 |
| YTD Amount: | \$ | 116,861.38 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.01114865 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 337,892.12 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 337,892.12 |
| YTD Amount: | \$ | 625,364.41 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.01734410 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 525,663.17 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 525,663.17 |
| YTD Amount: | \$ | 972,887.55 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.01168672 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 354,199.88 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 354,199.88 |
| YTD Amount: | \$ | 655,546.51 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA

95992

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00403600 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 122,322.67 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 122,322.67 |
| YTD Amount: | \$ | 226,392.50 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA

96080

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00274331 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 83,143.95 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 83,143.95 |
| YTD Amount: | \$ | 153,881.27 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA

96093 1297

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00117460 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 35,599.65 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 35,599.65 |
| YTD Amount: | \$ | 65,887.17 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

TULARE COUNTY TREASURER

COUNTY CIVIC CENTER RM 103E

221 SOUTH MOONEY BL

VISALIA CA

93291

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.01120899 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 339,720.89 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 339,720.89 |
| YTD Amount: | \$ | 628,749.07 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

TUOLUMNE COUNTY TREASURER

2 SOUTH GREEN ST

SONORA CA

95370

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00211074 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 63,972.09 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 63,972.09 |
| YTD Amount: | \$ | 118,398.34 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.01334317 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 404,403.40 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 404,403.40 |
| YTD Amount: | \$ | 748,462.24 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00370281 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 112,224.38 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 112,224.38 |
| YTD Amount: | \$ | 207,702.78 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00354044 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 107,303.28 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 107,303.28 |
| YTD Amount: | \$ | 198,594.91 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

BERKELEY CITY TREASURER

2081 CENTER STREET

BERKELEY CA

94704

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00143778 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 43,576.09 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 43,576.09 |
| YTD Amount: | \$ | 80,649.81 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA

90802

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00644648 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 195,379.24 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 195,379.24 |
| YTD Amount: | \$ | 361,604.24 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300090A

PAYMENT ISSUE DATE: 10/25/2013

PASADENA CITY TREASURER

PO BOX 7115

PASADENA CA

91109 7215

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2013 TO: 10/15/2013

| | | | |
|-------------------------------------|-------------------------|----------------------------------|-------------------|
| Total amount collected: | \$256,304,680.58 | Percentage of collection: | 0.11824948 |
| Gross monthly apportionment: | \$30,307,895.20 | County/City Ratio: | 0.00212606 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 64,436.40 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 64,436.40 |
| YTD Amount: | \$ | 119,257.69 |